


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90981 044 ***150.00

DOCUMENT # N93000003297					
1. Entity Name MANAGED ACCESS TO CHILD HEALTH, INC.					
Principal Place of Business 910 NORTH JEFFERSON ST JACKSONVILLE, FL 32209-6810 US			Mailing Address 910 NORTH JEFFERSON ST JACKSONVILLE, FL 32209-6810 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3192240	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIN B. MAULDIN M.D. 101 W 12TH ST. JACKSONVILLE, FL 32206			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAULDIN, OLIN B JR	NAME			
STREET ADDRESS	101 W. 12TH ST.	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32206	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITWORTH, JAY M M.D.	NAME	1650 Prudential Dr. Ste 100		
STREET ADDRESS	655 WEST 8TH STREET	STREET ADDRESS	Jacksonville, FL 32207		
CITY-ST-ZIP	JACKSONVILLE, FL 32209	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUSHTON, EDWARDS F M.D.	NAME			
STREET ADDRESS	653-1 W 8TH ST.	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32209	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOLDHAGEN, JEFF M.D.	NAME			
STREET ADDRESS	515 WEST 6TH STREET	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32206	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Paulk, Martha, M.A.		
STREET ADDRESS		STREET ADDRESS	653-1 West 8th St		
CITY-ST-ZIP		CITY-ST-ZIP	Jacksonville, FL 32209		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Olin B. Mauldin Jr</i>		Olin B. Mauldin Jr		4-16-04 904-358-0888	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	